

COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS  
HAMILTON COUNTY, OHIO

For Court Use Only	
Prior Filing Yes	No
E / Z # _____	
Case # DR _____	Active: Y / N _____
Judge _____	Mag _____
Case # DV _____	
Judge _____	Mag _____
XPAR _____	FULL _____
CAGR _____	DISM _____
Order Effective Until _____	

\_\_\_\_\_  
**Petitioner** :

\_\_\_\_\_  
Address :

\_\_\_\_\_  
City, State, Zip Code :

\_\_\_\_\_  
Date Of Birth: :

v.

\_\_\_\_\_  
**Respondent** :

\_\_\_\_\_  
Address :

\_\_\_\_\_  
City, State, Zip Code :

\_\_\_\_\_  
Date Of Birth: :

Case No. \_\_\_\_\_

Judge \_\_\_\_\_

**PETITION FOR DOMESTIC VIOLENCE  
CIVIL PROTECTION ORDER (R.C. 3113.31)**

**Notice to Petitioner:** Throughout this form,  
check every ☐ that applies.

**Do NOT write your address at left or below if  
you are requesting confidentiality. Please provide an  
address where you can receive notices from the Court.  
This form is public record.**

- ☐ 1. Petitioner is a family or household member of Respondent, and a victim of domestic violence and seeks relief on Petitioner's own behalf. The relationship of Petitioner to Respondent is that of:
- |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Spouse of Respondent<br><input type="checkbox"/> Former spouse of Respondent<br><input type="checkbox"/> The natural parent of Respondent's child<br><input type="checkbox"/> Other relative (by blood or marriage) of Respondent/ Petitioner who has lived with Respondent at any time | <input type="checkbox"/> Child of Respondent<br><input type="checkbox"/> Parent of Respondent<br><input type="checkbox"/> Foster Parent<br><input type="checkbox"/> Person "living as a spouse of Respondent" defined as: <ul style="list-style-type: none"> <li>now cohabiting;</li> <li>or cohabited within five years prior to the alleged act of domestic violence</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- ☐ 2. Petitioner seeks relief on behalf of the following family or household members:

NAME	DATE OF BIRTH	HOW RELATED TO		RESIDES WITH
		PETITIONER	RESPONDENT	

3. Respondent has engaged in the following act(s) of domestic violence **(MUST describe the acts as fully as possible.**  
Attach additional pages if necessary):

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4. Petitioner requests that the Court grant relief under Ohio Revised Code 3113.31 to protect the petitioner and/or the family or household members named in this Petition from domestic violence by granting a civil protection order that:

☐ (a) Directs Respondent not to abuse Petitioner and the family or household members named in this Petition by harming, attempting to harm, threatening, following, stalking, harassing, forcing sexual relations upon them, or by committing sexually oriented offenses against them.

☐ (b) Requires Respondent to leave and not return to or interfere with the following residence and grants Petitioner exclusive possession of the residence: \_\_\_\_\_

☐ (c) Divides household and family personal property and directs Respondent not to remove, damage, hide, or dispose of any property or funds that Petitioner owns or possesses.

☐ (d) Temporarily allocates parental rights and responsibilities for the care of the following minor children and suspends Respondent's visitation rights until a full hearing is held (include names and birth dates of the minor children):

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☐ (e) Establishes temporary visitation rights with the following minor children and requires visitation to be supervised or occur under such conditions that the Court determines will insure the safety of Petitioner and the minor children (include names and birth dates of the minor children):

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☐ (f) Requires Respondent to provide financial support for Petitioner and the other family or household members named in this Petition.

☐ (g) Requires Respondent to complete batterer counseling, substance abuse counseling, or other counseling as determined necessary by the Court.

☐ (h) Requires Respondent to refrain from entering, approaching, or contacting (by any means) the residence, school, business, and place of employment of or approaching or contacting (by any means) Petitioner and the family or household members named in this Petition.

☐ (i) Requires Respondent to permit Petitioner or other family or household member to have exclusive use of the following motor vehicle: \_\_\_\_\_

☐ (j) Includes the following additional provisions: \_\_\_\_\_

☐ 5. Petitioner further requests that the Court issue an *ex parte* (emergency) protection order under Ohio Revised Code 3113.31(D) and (E) and this Petition.

6. Petitioner further requests that the Court issue no mutual protection orders or other orders against Petitioner unless all of the conditions of Ohio Revised Code 3113.31 (E) (4) are met.
7. Petitioner further requests that if Petitioner has a victim advocate, the Court permit the victim advocate to accompany Petitioner at all stages of these proceedings as required by Ohio Revised Code 3113.31(M).
8. Petitioner further requests that the Court grant such other relief as the Court considers equitable and fair.
9. Petitioner lists here all present court cases and pertinent past court cases (including civil, criminal, divorce, juvenile, custody, visitation, and bankruptcy cases) that relate to the Respondent, you, your children, your family, or your household members:

CASE NAME	CASE NUMBER	COURT/COUNTY	TYPE OF CASE	RESULT OF CASE

I hereby swear or affirm that the answers above are true, complete and accurate to the best of my knowledge. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury under Ohio Revised Code 2921.11.

**DO NOT SIGN THIS FORM UNLESS YOU ARE IN FRONT OF THE PERSON WHO WILL NOTARIZE THE PETITION FOR YOU.**

Sworn to and subscribed before me on this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**SIGNATURE OF PETITIONER**

\_\_\_\_\_  
**NOTARY PUBLIC**

**Do NOT write your address below if you are requesting confidentiality. Please provide an address where you can receive notices from the Court.**

**This form is public record.**

\_\_\_\_\_  
**Petitioner's Safe Address**

\_\_\_\_\_  
**NOTARY PUBLIC**

\_\_\_\_\_  
Signature of Attorney for Petitioner (if applicable)

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Name of Attorney (if applicable)

**Aftab Pureval**

\_\_\_\_\_  
Attorney's Address

**Clerk of the Common Pleas of Hamilton**

\_\_\_\_\_  
City, State, Zip Code

By \_\_\_\_\_

\_\_\_\_\_  
Attorney's Registration Number

**Deputy Clerk**

\_\_\_\_\_  
Attorney's Phone Number

\_\_\_\_\_  
Attorney's Fax

\_\_\_\_\_  
Attorney's Email